

# Welcome!

**While we wait to start, please review ways to navigate this webinar.**

If you move your **cursor** to the **bottom** of **your screen** you will see a **menu**.

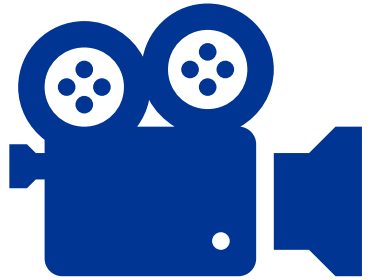


This menu allows you to **control**:

- **Raise Hand**
- Access to the **Chat** box
- Access to the **Q & A** box

Video options are not available for participants. Participants can be unmuted by raising their hands and being recognized by the presenter.

# Housekeeping



This session is being recorded to **Tomorrow's Healthcare**



If you used a forwarded link, we need your **email address**



Pose questions in the chat to **All Participants**



Please complete the post-session **evaluation.**



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# Mutual Agreement

- Everyone on every PERU webinar is valued. Everyone has an expectation of mutual, positive regard for everyone else that respects the diversity of everyone on the webinar.
- We operate from a strength-based, empathetic, and supportive framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of affirming language that is not discriminatory or stigmatizing.
- We treat others as they would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



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# Mutual Agreement (continued)

- We strive to: listen to each person, avoid interrupting others, and seek to understand each other through the Learning Network as we work toward the highest quality services for COE clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those diverse perspectives are welcomed and valued. Questions and comments should be framed as constructive feedback.
- The Learning Network format is not conducive to debate. If something happens that concerns you, please send a chat during the session to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. Alternatively, you can reach out offline to your PERU point of contact.



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Program Evaluation and Research Unit

# Team-Based Decision Making for COE Effectiveness

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# Presenter Info



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# Learning Objectives

**By the end of this module, you will be able to do the following:**

- Define team-based decision making
- Describe two COE's processes for making team-based decisions
- Discuss the benefits of making decisions as a team
- Discuss common barriers to team-based decision making



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# Interprofessional Collaboration

**“a type of interprofessional work involving various health and social care professionals who come together regularly to solve problems, provide services and enhance health outcomes”**





# Team Based Decision Making

- Involves collaboration among multiple health care professionals
- Helps group members gain the expertise of others
- Supports sorting and filtering of new information
- Has the potential to reduce errors
- Health care professionals can better manage complexity of patient needs



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# SPHS

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*Cheryld Emala, MSW, LCSW*



# SPHS COE Model

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Trauma informed care

Recovery focused

Crisis Response

Assertive Community Engagement



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# Our Team

A team of individuals with life experience of recovery

Certified Recovery Specialists and Bachelor Level Navigators

Master level Navigators

Licensed Social Worker or Licensed Counselor

Licensed Nurse

Physician

Supervisor



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# SPHS COE Model

Two service gaps are targeted in the model:

- 1) Engagement of the individual from any and all referrals to reduce barriers to treatment and services.
- 2) Re-engagement and retention of individuals in treatment and to other levels of care and alternative providers as their needs progress.

Genuine commitment to ongoing assessment and continuity of care -  
SPHS warm hand-holding.



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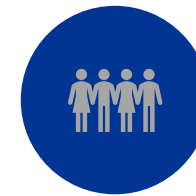
# Critical Elements to Team-Based Decision Making



**Meet** as a team



Use **trauma-informed** interventions



See all team members as **equal**



Effective **Supervision**



Safe and **non-judgmental** environment






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# Daily Meetings

- Case consultations
- Go through every patient
  - Red 
  - Yellow 
  - Green 
- Focus on yellow because this is where change can be facilitated



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# Partners are Team Members

Go	Go to partner facilities
Build	Build relationships with direct staff and supervisors
Think	Think outside of the box!!- Med Mark Example



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# Team Decisions for Discharge

- Successful and unsuccessful
- Communicate with clients at the outset
- Discharge process review
  - Clear criteria
  - Multiple level review
- Process is ideal for training purposes



# Quality Improvement Planning



Leadership model quality service delivery

Data (internal and PERU)

Staff member-level data

Quality plans for each staff via supervision

# Financial Implications

- Training
- Supervision
- Overcommunicate
- Good leadership
- High expectations
- Addressing issues



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# UPMC Internal Medicine- Recovery Engagement Program (IM-REP)

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*Ian Cummins and Ariana Freund*



# IM-REP Mission

**“To provide high-quality, respectful clinical care, case management, and advocacy for patients with opioid use disorder in order to reduce harm, assist with recovery, and strengthen patient ties with their family and community.”**

UPMC Int  
Medicine  
Engagem  
Program

233

Patient Information

**MASK SAFELY**



Make sure both your mouth  
and nose are covered.



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# Our Team

Physicians

Outpatient  
Nurse  
Coordinators

Behavioral  
Health  
Therapists

Peer Navigators

Patient Services  
Representatives

Medical  
Assistants

Administrative  
Coordinator

Community  
Outreach  
Coordinator



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# Critical Elements to Team-Based Decision Making



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# Case Consultations

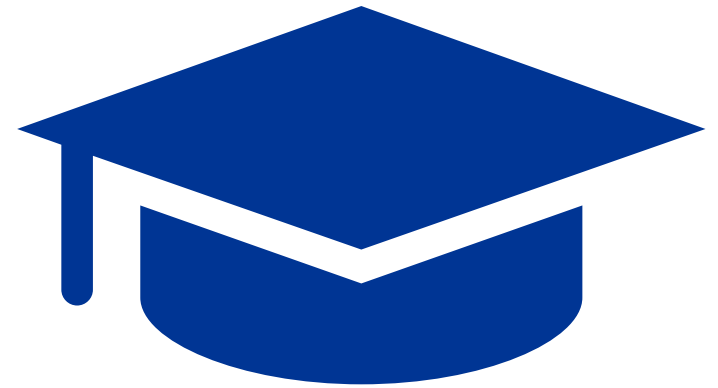
- Weekly meetings that include the patient's physician, therapist and CRS
- Discuss barriers that individual patients are facing and decide on the additional support that they need:
  - Therapists checking in more regularly
  - Additional CRS support
  - Adjusting frequency of prescription refills





# Graduation Meetings

- Used by the COE team determine which patients no longer need monthly support from their therapist and/or a CRS
- The entire care team attends the graduation meeting to discuss the patient's progress
- The patient makes the final determination
- Patients who graduate can restart therapy or CRS support at any time

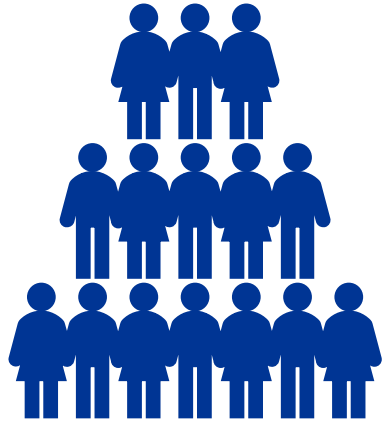


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# Graduation Benefits



CRS caseloads remain manageable for monthly follow up



CRSs focus their time on patients most in need of peer support



Clients feel they have taken a step forward in their recovery



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# Annual Retreats

- A day set aside for the COE team to discuss challenges they want to address in the upcoming year
- The clinic closes for the day and calls are handled by a sister clinic
- The retreat takes place outside the office and includes self-improvement activities and yoga
- Extended time to discuss challenges leads to new initiatives at the COE



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# New COE Initiatives



More robust tracking of where people disengage along the continuum of care



Greater emphasis on harm reduction



Creation of a “menu” for patients to request the support they need at each appointment



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# Financial Implications



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# References

- Roosan, D., Law, A. V., Karim, M., & Roosan, M. (2019). Improving Team-Based Decision Making Using Data Analytics and Informatics: Protocol for a Collaborative Decision Support Design. *JMIR research protocols*, 8(11), e16047. <https://doi.org/10.2196/16047>
- Committee on Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes, Board on Global Health, & Institute of Medicine. (2015). *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*. National Academies Press (US).



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